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| F-fd-29.docx (New 7/16) | | | | | | | | | | | | | | |
| C:\Users\mackesl\Desktop\FORMS\DATCPlogo_1in_g.jpg | | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Food and Recreational Safety,* PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4720 Fax: (608) 224-4710 | | | | | | | | | | | | |
| MONTHLY REPORT ON SWIMMING POOL OPERATION | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Wis. Admin. Code ch. ATCP 76 | | | | | |
| Chapter ATCP 76 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill in the data indicated on the report as completely as possible.  **Please mail report to: WDATCP – DFRS at the address listed at the top of the form or to your local agent Health Department, as requested.** | | | | | | | | | | | | | | | |
| NAME OF POOL | | | | ADDRESS | | | | | | | OPERATOR | | | | |
| MONTHLY REPORT INFORMATION | | | | | | | | | | | | | | | |
| 1. The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.) | | | | | | | | | | | | | | | |
| First Aid Kit | | | Test Kit | | | Two (2) Blankets | | | Spine Board | | | Emergency Phone (test) | | | |
| Handrails or Grabrails | | | Shepard’s Crook and/or Ring Buoy | | | Depth Markings | | | Safety Rope | | | Lifeguard Chair | | | |
| 1. **PLEASE NOTE ANY CHANGES IN EQUIPMENT:** (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please contact your regional or local health department before installation.) | | | | | | | | | | | | | | | |
| Item |  | | | | | | Manufacturer |  | | | | | | |  |
| Model # |  | | | | | | Installed By |  | | | | | Date |  |  |
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| 1. Is there a new person responsible for pool maintenance? | | | | | | 1. Are lifeguards on duty? | 1. Lifeguard Staffing Plan | |
|  | Yes | Name of person |  | |  | Yes How Many? | Yes | |
| If so, please contact your regional or local agent health department. | | | |  | No | No | |
| 1. Illness or Injury?  Yes If yes, please state type of illness or injury, date and outcome. | | | | | | | | |
| **REMARKS:** Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements: | | | | | | | | |
| AUTHORIZED SIGNATURE | | | | | | | | |
| SIGNATURE | | | | TITLE | | | | DATE |

*Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m) T*his institution is an equal opportunity employer.

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| MONTHLY REPORT INFORMATION - CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWIMMING POOL | | | WHIRLPOOL | | | | OTHER | | |  | | | | | | TYPE OF DISINFECTANT USED | | | | | |  | | | | | |  |
| ***(USE A SEPARATE FORM FOR EACH POOL)*** | | | | | |  | | | |  | | | | | | MONTH/YEAR | | | | | |  | | | | | |  |
| **INSTRUCTIONS:** All the information must be filled-in daily and signed by the person in charge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PATRON LOADING:** Columns must show the maximum number of patrons using the pool at any one time and the total number of patrons for the entire day. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WATER APPREARANCE:** Place an “X” in the clear or turbid column. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WATER ATTRACTION AND / OR SLIDE INSPECTION:** Place an “I” in the column after performing the daily inspection and operation test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FILTER BACKWASH:** Place a “B” in the column for any day the filter is backwashed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CARTRIDGE FILTER CLEANED / CHANGED:** Place a “C” in the column for any day the cartridge filter is cleaned or changed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WHIRLPOOL DRAINED:** Place a “D” in the column for any day the whirlpool is drained. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHEMICAL CONTROL:** Enter pH and chlorine/bromine/ORP test readings. Test swimming pools at least twice daily and whirlpools at least four times daily. If an ORP with a digital read is used, then only 1 test is required. Record combined chlorine, alkalinity, and cyanuric acid as required. Enter the amount of each chemical used as lbs. or gals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE:** Must be signed daily by the person responsible for the operation of the pool. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAY OF MONTH | PATRON  LOADING | | WATER APPEARANCE | | WATER TEMPERATURE | | | PRESSURE GUAGE READING | FLOWMETER READING | | WATER ATTRACTION OR SLIDE INSPECTED (I) FILTER BACKWASHED (B) CARTRIDGE CHANGED (c) WHIRLPOOL DRAINED (D) | CHEMICAL CONTROL | | | | | | | | | | | | | | | SIGNATURE OF PERSON RESPONSIBLE FOR POOL OPERATION | |
| AM | | | | | PM | | | | COMBIMED CHLORINE | ALKALINITY | CYANURIC ACID | OTHER CHEMICALS USED (Acid, Soda Ash, Oxidizer, Bicarb, etc.) | | SUPEROXIDATION |
| FREE CHLORINE OR BROMINE | | pH READING | | | FREE CHLORINE OR BROMINE | | pH READING | |
| MAX. | 24hr. | Clear | Turbid | PSI | GPM | | 1 | 2 | 1 | 2 | | 3 | 4 | 3 | 4 | PPM | PPM | PPM | NAME | QUANTITY | PPM |
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